

# LIFE, ACCIDENT AND HEALTH INSURERS

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**REQUIRED FILINGS IN THE STATE OF: MICHIGAN** **Filings Made During the Year 2007**

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2"x14")	1	1	xxx	3/1	NAIC	A-K, M
	1.1	Printed Investment Schedule detail (Pages E01-E25) @	1	1	xxx	3/1	NAIC	A-K, M
	2	Quarterly Financial Statement (8 1/2" x 14")	1	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	3	Separate Accounts Annual Statement (8 1/2"x14")	1	1	xxx	3/1	NAIC	A-K, M
		<b>II. NAIC SUPPLEMENTS</b>						
	10	Accident & Health Policy Experience Exhibit	1	1	xxx	4/1	NAIC	A-K, M
	11	Credit Insurance Experience Exhibit	1	1	xxx	4/1	NAIC	A-K, M
	12	Interest Sensitive Life Insurance Products Report	xxx	1	xxx	4/1	NAIC	A-K, M
	13	Investment Risk Interrogatories	1	1	xxx	4/1	NAIC	A-K, M
	14	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	xxx	1	xxx	4/1	NAIC	A-K, M
	15	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	xxx	1	xxx	4/1	NAIC	A-K, M
	16	Long Term Care Experience Reporting Forms	xxx	1	xxx	4/1	NAIC	A-K, M
	17	Management Discussion & Analysis	1	1	xxx	4/1	Company	A-K
	18	Medicare Supplement Insurance Experience Exhibit	xxx	1	xxx	3/1	NAIC	A-K, M
	19	Medicare Part D Coverage Supplement	1	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	20	Risk-Based Capital Report	1	1	xxx	3/1	NAIC	A-K
	21	Schedule SIS	1	N/A	N/A	3/1	NAIC	A-K, M
	22	Statement of Actuarial Opinion	1	1	xxx	3/1	Company	A-K
	23	Statement on non-guaranteed elements - Exhibit 5 Interrogatory #3	xxx	1	xxx	3/1	Company	A-K, M
	24	Statement on participating/non-participating policies - Exhibit 5 Interrogatory #1.1	xxx	1	xxx	3/1	Company	A-K, M
	25	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	A-K, M
	26	Supplemental Schedule O	1	1	xxx	3/1	NAIC	A-K, M
	27	Trusteed Surplus Statement	xxx	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	28	Workers' Compensation Carve Out Supplement	1	1	xxx	3/1	NAIC	A-K, M
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	32	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	A-K, M
	33	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	34	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	35	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	A-K, M
	36	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	A-K, M
	37	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	38	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	39	June .PDF Filing	xxx	1	xxx	6/1	NAIC	A-K, M
		<b>IV. AUDITED FINANCIAL STATEMENTS</b>						
	51	Accountants Letter of Qualifications	1	N/A	N/A	6/1	Company	A-K, O
	52	Audited Financial Statements	1	1	xxx	6/1	Company	A-K, O
	53	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	6/1	Company	A-K
	54	Independent CPA	1	N/A	N/A	6/1	Company	A-K, O
	55	Notification of Adverse Financial Condition	1	N/A	1	SEE NOTE	Company	A-K, P
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	1	8/1	Company	A-K, Q
	57	Request for Exemption to File	1	N/A	N/A	SEE NOTE	Company	A-K, R
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Certificate of Compliance	xxx	0	0	3/1	State	A-K
	102	Certificate of Deposit	xxx	0	0	3/1	State	A-K
	103	Certificate of Valuation	xxx	0	1	7/1	State	A-K
	104	Filings Checklist (with Column 1 completed)	xxx	1			State	A-K
	105	Premium tax		0		SEE NOTE	State	D
	106	State Filing Fees		0		SEE NOTE	State	C

	107	Signed Jurat	0	0	0	SEE NOTE	State	L
	108	Accident and Sickness Insurance Advertising Certificate of Compliance per Admin Rule 500.668 – only applies to insurers writing disability insurance (send to Supervisory Affairs & Insurance Monitoring Division of the Office of Financial & Insurance Services)	1	xxx	1	3/1	Company	A-K
	109	Insurance Company Holding System Registration Statement – if subject to registration under Michigan Act	1	xxx	xxx	5/1	Company	A-K, S
	110	Qualifying Assets under Section 901(1) of the Michigan Insurance Code	1	xxx	xxx	3/1	State – FIS 0081	A-K, T
	111	Complaint and Grievance Summary for Health Carriers (send to Consumer Services Division of the Office of Financial & Insurance Services)	1	xxx	1	4/15	State- FIS 0318	A-K
	112	Michigan Health Insurance Enrollment, Premiums and Losses (send to Policy Division of the Office of Financial & Insurance Services)	1	xxx	1	3/1	State – FIS 0322	A-K
	113	Officer and Director Biographical Information	1	xxx	xxx	SEE NOTE	NAIC	A-K, V

**\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.**

**\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.**

**@If schedule is included in the annual statement submitted as item #1, an additional copy is not required.**